

POSITION

INITIALS

ID NO.

DATE

## FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

XV

51510

## INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| - (Through numeral) | Canceled   | A | Appeal       |
|                     | Restricted | O | Objected     |

| Claim | Date           | Claim | Date     | Claim | Date     |
|-------|----------------|-------|----------|-------|----------|
| Final | Original       | Final | Original | Final | Original |
| 1     | 0910 0311 0703 | 5     |          | 101   |          |
| 2     | 22 0220 1621   | 51    |          | 102   |          |
| 3     | 00 0009 010203 | 52    |          | 103   |          |
| 4     |                | 53    |          | 104   |          |
| 5     |                | 54    |          | 105   |          |
| 6     |                | 55    |          | 106   |          |
| 7     |                | 56    |          | 107   |          |
| 8     |                | 57    |          | 108   |          |
| 9     |                | 58    |          | 109   |          |
| 10    |                | 59    |          | 110   |          |
| 11    |                | 60    |          | 111   |          |
| 12    |                | 61    |          | 112   |          |
| 13    |                | 62    |          | 113   |          |
| 14    |                | 63    |          | 114   |          |
| 15    |                | 64    |          | 115   |          |
| 16    |                | 65    |          | 116   |          |
| 17    |                | 66    |          | 117   |          |
| 18    |                | 67    |          | 118   |          |
| 19    |                | 68    |          | 119   |          |
| 20    |                | 69    |          | 120   |          |
| 21    |                | 70    |          | 121   |          |
| 22    |                | 71    |          | 122   |          |
| 23    |                | 72    |          | 123   |          |
| 24    |                | 73    |          | 124   |          |
| 25    |                | 74    |          | 125   |          |
| 26    |                | 75    |          | 126   |          |
| 27    |                | 76    |          | 127   |          |
| 28    |                | 77    |          | 128   |          |
| 29    |                | 78    |          | 129   |          |
| 30    |                | 79    |          | 130   |          |
| 31    |                | 80    |          | 131   |          |
| 32    |                | 81    |          | 132   |          |
| 33    |                | 82    |          | 133   |          |
| 34    |                | 83    |          | 134   |          |
| 35    |                | 84    |          | 135   |          |
| 36    |                | 85    |          | 136   |          |
| 37    |                | 86    |          | 137   |          |
| 38    |                | 87    |          | 138   |          |
| 39    |                | 88    |          | 139   |          |
| 40    |                | 89    |          | 140   |          |
| 41    |                | 90    |          | 141   |          |
| 42    |                | 91    |          | 142   |          |
| 43    |                | 92    |          | 143   |          |
| 44    |                | 93    |          | 144   |          |
| 45    |                | 94    |          | 145   |          |
| 46    |                | 95    |          | 146   |          |
| 47    |                | 96    |          | 147   |          |
| 48    |                | 97    |          | 148   |          |
| 49    |                | 98    |          | 149   |          |
| 50    |                | 99    |          | 150   |          |

If more than 150 claims or 10 actions  
staple additional sheet here

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